Planning Along the Lifespan: Managing the Many Generations of Aging

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Much has been said and written about the aging of the Baby Boom. We know that the numbers of seniors will be unprecedented and that, perhaps most significant for policy and services, the relative proportion of seniors to other age groups will be greatly increased. We also know that many of us can and should expect to live a large portion of our lives with some form of chronic condition, and that perhaps we will experience a long period of cognitive or physical dependence. All of us want to preserve as much dignity and independence as possible and to most of us this means remaining in the community, as opposed to institutionalization.

So, the question becomes: How can public policy and programs, particularly Older Americans Act funded programs, Social Security, Medicare, etc., along with non-profit social services and individual planning help ensure that we are prepared to meet the needs of the many generations of aging?

These generations are not easy to define. They can include a healthy active 85 year old taking a class in aerobics, and a 65 year old stroke victim suffering from post-stroke dementia, aphasia, and hemi-paralysis.

These generations are not predetermined, one of the lessons the AIDS epidemic has taught us is that just when we think we have conquered infectious disease or other health concern, a new and original pandemic can emerge amongst us. Just look at the current incidence of autism in our young.

These generations are not segregated. At ONEgeneration we see mothers of 89 dropping sons of age 67 off for Alzheimer's day care. We see wives in their early forties with young children who, married to a man 18 years their senior, are faced with childcare concerns, career growth and caring for a stroke victim all at the same time. We see grandparents raising grandchildren who are terrified the children may be taken away when they find themselves diagnosed with macular degeneration. Our society is becoming increasingly intergenerational as our families become increasingly diverse—as a result, our solutions must also be diverse and intergenerational.

If we are to realize our hope to remain in the community despite long term disability, the private and public sectors must work harder to create a fiscally prudent system of care. Individuals will need to be educated about long term care insurance options and much attention in the public health system should be directed towards pilot programs that demonstrate the reduced costs, enhanced quality, and enriched lifestyles inherent in community care options.

One case study of this is provided by a recent pilot project on community care management for stroke victims. ONEgeneration, in collaboration with Valley Presbyterian Hospital and California State University Northridge, explored the efficacy and cost-efficiency of early care management and limited subsidized therapeutic rehabilitation beyond the traditional point of plateau for a diverse sample of stroke victims. The over 400 stroke victims had just experienced their first stroke. They were provided care management beginning at hospital discharge. Significantly, the re-stroke rate was reduced over 61%, from a national average of 18% to below 7%. Depression was averted in most cases, and other stroke-related effects were ameliorated. The annual costs over this three-year project per victim were a fraction of the costs

that would have been incurred if a second stroke had resulted in major disability and/or institutionalization.

Since a large proportion of Older Americans Act funding for care management is spent on serving the homebound, many of whom are homebound due to stroke related paralysis or dementia, and most of whom require such management for the rest of their lives, it is essential that we explore pilot projects such as that described above to determine if funding would be better placed in providing care management early in the disease process—when preventive steps can be taken to enable rehabilitation and avoid permanent dependence. Such care management programs should be considered for a wide range of chronic conditions, and efforts must be directed towards long-term disease management and symptom abatement.

In addition to educating individuals about disease prevention and management, educational programs must focus on a new range of financial products and on how to plan for the intergenerational family in terms of financing multiple savings plans for multiple generations. This is in the context of an economy that is often difficult to navigate, and with many families struggling to meet the costs of daily existence. For many families, in order to plan for a economically sound future it is necessary to plan for simultaneous investments in retirement savings, college funds, long-term care insurance for oneself (and where need may exist, older loved ones), and life insurance. The pressures of affording to care for the sandwich generation have now grown to a triple decker, and more layers are being added each day.

With these changes come the shifting proportions of ages within our country. That is, the proportion of older adults to younger persons is growing. Far fewer young to middle-aged adults will be in the workforce per retiree in the future. As a result, in the absence of individual planning, social services and public programs may find themselves overrun with new cases of individuals with literally no one else to whom to turn. Financial literacy and public/private partnerships that create a solid safety net will be critical if we are to prepare individuals to live in a society that can address the increasing proportion of childless seniors.

Ultimately, the answer will lie in empowering people through financial literacy and in creating self-sufficient services and programs that can operate and assist in the most cost-effective, life enriching manner possible. This requires dedication to maintaining people in their communities, and where possible in their families. Intergenerational programs optimize on opportunities to serve the young and old in a context that addresses the needs of both. These programs can conserve costs through economies of scale and increase outcomes through the unique benefits such programs offer participants. Intergenerational programming is an option that should be explored wherever possible.